
DEMOGRAPHIC QUESTIONS FOR PROVIDERS

“What is your name, phone number, and a current email address?”

“How many initial authorizations will you be requesting today?”

“What level of care are you requesting authorization for today?” (see grid for direction)

Level of Care	Action Taken
ASAM Level III.5 Adult (21 and over)	Referred to Care Manager
ASAM Level III.5 Youth (13-20)	Referred to Care Manager
ASAM Level III.7	Referred to Care Manager
ASAM Level III.7D	Referred to Care Manager
ASAM Level IV Hospital/Inpatient Detox	Referred to Care Manager
Inpatient Psych Adults (21 and over)	Referred to Care Manager
Inpatient Psych Youth (0-20)	Referred to Care Manager
IOP	Submit authorization request to LaCAMS.ACT.IOP@la.gov
ACT	Submit authorization request to LaCAMS.ACT.IOP@la.gov
ASAM Level III.1	OBH does not authorize this LOC, referred to LGE
ASAM Level III.3	OBH does not authorize this LOC, referred to LGE
MH/IOP	OBH does not authorize this LOC, referred to LGE

Follow-up questions:

“What is the patient’s date of admission?”

“What is the patient’s name?”

“What is the patient’s date of birth?”

“What is the patient’s social security number?”

“What is the patient’s race?”

“What is the patient’s ethnicity?”

“What is the patient’s marital status?”

“What is the patient’s gender?”

“What is the patient’s gender expression?”

“Who is the patient’s parent or guardian?”

“What is the parent/guardian’s current telephone number, address and parish?”

INITIAL AUTHORIZATIONS: ACUTE PSYCH CARE MANAGER QUESTIONS FOR PROVIDERS

"What is the name of the doctor overseeing the patient's care?"

"Was an evaluation completed by the physician within the first 24 hours?"

"What is the patient's current legal status?"

"What is the patient's current presenting problem?"

"What is the patient's presenting symptoms/characteristics?"

"Has the patient indicated the presence of any suicidal ideation?"

"Has the patient indicated the presence of any homicidal ideation?"

"What is the patient's precipitating event?"

"What services are needed that cannot be provided at a lower level of care?"

"How is this level of care going to make a difference?"

"Is there any evidence this patient requires confinement past 23 hours? If so, what?" (*mental instability, imminent risk*)

"What substances has the patient been using?"

"What were the results of the patient's urine drug screen?"

"What was his/her blood alcohol level?"

"Does the patient have any medical problems?"

"What are his/her current or recent diagnoses?"

"What medications is he/she currently taking?"

"Does the patient have any prior inpatient stays?"

"What are the current treatment goals?"

"What is the current discharge plan for this patient?"

Follow-up questions:

"Who are the patient's supports?"

"Where will he/she be living?"

"Who will be providing outpatient treatment?"

"Who is the patient's primary care physician?"

INITIAL AUTHORIZATIONS: SUD RESIDENTIAL CARE MANAGER QUESTIONS FOR PROVIDERS

“What was the presenting problem – Diagnosis – drug – age of first use – amount – frequency – route of administration – last use?”

“What was the precipitating event?”

“Has the member ever experienced withdrawal symptoms when cutting down or has the member ever had life threatening symptoms during withdrawal?”

“Is the member currently having similar withdrawal symptoms – then use check boxes for current symptoms?”

“Does the member have any current, severe, and untreated physical health problems?”

“Is the client pregnant? (Yes, No, Unsure)”

“Does the member feel that he/she is in imminent danger of harming him/herself or someone else?”

“Does the member lack the ability to function and safely care for self?”

“Does the member feel he/she has an imminent need for AOD (alcohol and other drugs) treatment/recovery, but are ambivalent or feel it is unnecessary?”

“Has the member been referred or required to have an assessment and/or enter treatment by the criminal justice system, health or Social Services, work/school, or family member/significant other?”

“Is the member currently under the influence?”

“Is the member likely to continue use of alcohol and/or other drugs or to relapse, in an imminently dangerous manner?”

“Are there any dangerous family, significant other, living/working/school situations threatening the member’s safety, immediate wellbeing, and/or sobriety?”

“Has a violence risk assessment been conducted? What were the results?”

“Does the individual have a history of violent behavior as a child or adult or experienced a violent act? If yes, describe.”

“How many acts of violence led to arrests and what were the charges?”

“Did any involve weapons? If yes, describe.”

“What are the treatment plan goals?”

“What is in the discharge plan?”

CONTINUED STAY REVIEW: ACUTE PSYCH CARE MANAGER QUESTIONS FOR PROVIDERS

Review the demographic information again for changes since admission.

"What days are you requesting?"

"What LOC are you requesting?"

"What are the patient's current symptoms?" (include most recent MD or NP note including mental status exam)

"Has the patient had any suicidal ideation within the past 24 hours? If yes, what is their plan?"

"Has the patient had any homicidal ideation within the past 24 hours? If yes, what is their plan, method, access to means, or identified victim?"

"Has the patient had any auditory or visual hallucinations within the past 24 hours?"

"Mental Status Exam"

"What is a summary of the patient's progress?"

Follow-up questions:

"How is their sleep or appetite impacted?"

"What are the patient's ADLs – Poor, independent, or other?"

"Have any PRNs been given for agitation or psychosis? Please describe."

"Have there been any changes to current medications - PRNs?"

"Have there been any changes to the patient's diagnosis? ICD10?"

"Has the patient's legal status changed (i.e., formal voluntary admission, PEC/CEC, judicial commitment, etc.)?"

"What is the patient's baseline information as provided by family, friends, or outpatient providers?"

"What is the status of the recipient's treatment plan?"

"Are there any discharge plan updates?"

CONTINUED STAY REVIEW: SUD RESIDENTIAL CARE MANAGER QUESTIONS FOR PROVIDERS

Review the demographic information again for changes since admission.

"Are you requesting additional days, discharge, or a change in level of care?"

"What days are you requesting?"

"What LOC are you requesting?"

"Have there been any changes to the recipient's medications?"

"Does recipient have capacity to resolve his or her problems in current LOC and is actively working on goals in the individualized treatment plan?"

"Does the recipient have any new problems that can be appropriately treated at the present LOC?"

"Is the current LOC the least intensive at which the recipient's new problems can be addressed effectively?"

"Has the recipient achieved the goals articulated in his or her individualized treatment plan, thus resolving the problems that justified admission to present LOC?"

"Has the recipient been unable to resolve the problems that justified admission to the present LOC, despite amendments to the treatment plan?"

"Has the recipient demonstrated a lack of capacity to resolve his or her problems? Therefore, treatment at another LOC or with another type of service is indicated?"

"Has experienced intensification of his or her problems or has developed new problem. The client can be treated effectively only at a more intensive LOC?"

"What is the status of the recipient's treatment plan?"

"Are there any discharge plan updates?"